

SES PROVIDER APPLICATION**Part B****PROVIDER SERVICE SUMMARY**

(This information will be available on-line to parents, schools, and the general public.)

PROVIDER INFORMATION

NAME OF PROVIDER: Quality Educational Strategies (QUEST)

MAILING ADDRESS: 6100 Oak Tree Boulevard

CITY: Independence

STATE: Ohio

ZIP CODE: 44131

PHONE NUMBER: (216) 272-3686

FAX NUMBER: (216) 643-2901

E-MAIL ADDRESS: questpartnership@yahoo.com

PRIMARY CONTACT INFORMATION

NAME: Dr. Rosemary Herpel

PHONE NUMBER: (216) 272-3686

E-MAIL ADDRESS: questpartnership@yahoo.com

SERVICES**Provider status—check all that apply:**

- ☒ For-profit organization
☐ Non-profit organization
☐ Faith-based organization

- ☐ School district
☐ School building
☐ Individual
☐ Other: _____

Areas to be served by provider:

- ☒ All school districts in Missouri
☐ Specific districts or counties. Please list: _____

Number of sessions per week: 2-4**Minimum/maximum numbers:**

Minimum number of students required before offering services: 10

Maximum number of students to be served at a session: 10

Cost per session: \$55-65.00**Proposed location of service delivery:**

- ☒ Student's school site (if negotiated with the district)
☐ Provider site
☒ Other--explain: community sites

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?
(Note: Districts are not required to provide or pay for transportation).

No transportation provided.

Certification of instructors:

- ☒ Baccalaureate degree in education
☒ Baccalaureate degree in related field of instruction. Please list related field(s): Mathematics
☒ Reading Specialist
☒ Other: QUEST tutors are certified teachers and/or professionals with a 4-year degree.

Additional education and/or experience:

- ☒ Masters level degrees or above in either reading or mathematics
☒ Missouri teacher certificated/licensed teachers
☒ Experience teaching students with specific disabilities
☒ Experience teaching LEP students
☒ Ability to speak languages other than English. Please list: Spanish
☐ Other: _____

Tutoring subjects available:

☒ Reading ☒ Writing ☒ Math

Grade Levels Served:

☒ K-2 ☒ 3-5 ☒ 6-8 ☒ 9-12

Title or description of tutoring curriculum utilized: QUEST

Time of Service:

☒ Before School
☒ After School
☒ Weekends
☒ Summer
☒ Other: winter/spring breaks

Mode of Instructional Delivery:

☒ Individual one-on-one tutoring
☒ Small group instruction (2 to 5 students)
☒ Large group instruction (6 to 10 students)
☐ On-Line/Web-based
☐ Other: _____

Specifics of reporting to parents & school (check all that apply):**Method:**

☒ letters
☒ phone calls
☒ conference with parents
☒ conference with parents & school
☐ other: _____

Frequency:

☒ weekly
☒ bi-monthly
☒ monthly
☐ other: _____

Specific Student Populations Served:

If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

☒ Low-income students
☒ Minority students
☐ Migrant students
☒ Limited English proficient students (LEP)
☒ Special education students
☐ Other—describe: _____

☐ Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.

Indicate subgroups: _____

Effectiveness:

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

Our individualized hands-on engaging program strategies and methods have been successfully implemented

in large urban districts. Students have shown steady improvement in reading and math skills to reach academic

success.